

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10802591 FILING DATE _____
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1		1			
3	1		1			
4	1		1			
5		4		4		
6		4		4		
7		4		4		
8		4		4		
9		4		4		
10	1		1			
11	1		1			
12	1		1			
13	1		1			
14		4		4		
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19		4		4		
20		4		4		
21		4		4		
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23		4		4		
24	1		1			
25	1		1			
26	1		1			
27	1		1			
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50						
TOTAL IND.	16		16			
TOTAL DEP.	48		48			
TOTAL CLAIMS	64		64			

	IND	DEP	IND	DEP	IND	DEP
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